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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

HOUSE OFFICE O. C. C.  
JAN 5 8 04 AM '66

I. Operator  
**Socony Mobil Oil Company, Inc.**  
Address  
**P. O. Box 1800, Hobbs, New Mexico 88240**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Completion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Change Name & Well No. due to unitization.**  
**Old Name: W. H. Fort "A" #1**

If change of ownership give name and address of previous owner **Pan American Petroleum Corp., Box 68, Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<b>Denton North Wolfcamp Unit Tract 10</b>	<b>1</b>	<b>Denton Wolfcamp</b>	State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>0</b> ; <b>330</b> Feet From The <b>South</b> Line and <b>2310</b> Feet From The <b>East</b> Line of Section <b>25</b> , Township <b>14-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Service Pipe Line Company</b>	<b>3411 Knoxville, Lubbock, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Atlantic Refining Company</b>	<b>Box 1610, Midland, Texas</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<b>J</b>	<b>25</b>
	Twp.	Rge.
	<b>14-S</b>	<b>37-E</b>
	Is gas actually connected?	When
	<b>Yes</b>	<b>5-11-62</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*E. J. Kennon*  
(Signature)

Group Supervisor  
(Title)

December 29, 1965  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.